



# Campbell County SkyWarn Application



Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing Address if Different: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Service Provider (*Verizon, ATT, etc.*) \_\_\_\_\_

Email: \_\_\_\_\_

Ham Radio Operator Yes  No

If Yes, Call Sign: \_\_\_\_\_

Can you operate on VHF? Yes  No

Are you a CoCoRHs Reporting Station  
Yes  No

If Yes, Station ID: \_\_\_\_\_

Do you have a rain gauge: Yes  No

Do you have a wind speed recording  
gauge: Yes  No

### **REQUIRED TRAINING**

Attended NWS Spring Training: Yes  No  Location: \_\_\_\_\_ Year: \_\_\_\_\_

SkyWarn Classes Completed (Must provide certificates):

- Yes  SkyWarn® Spotter Training
- Yes  SkyWarn® Spotter Convective Basics
- Yes  Role of the SkyWarn® Spotter

FEMA IS Classes Completed (Must provide certificates):

- Yes  IS-100
- Yes  IS-200
- Yes  IS-700

I understand that this SkyWarn program is for providing observations of severe weather information to Campbell County Emergency Management for the National Weather Service and I agree my activities as a Campbell County SkyWarn member will not include "Storm Chasing."

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

